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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7301

SERIAL NUMBER 10/091,367	FILING DATE 03/05/2002  RULE	CLASS 426	GROUP ART UNIT 1764	ATTORNEY DOCKET NO. 61751-10201
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APPLICANTS

Robert B. Beelman, State College, PA;  
 Ali Demirci, State College, PA;

\*\* CONTINUING DATA \*\*\*\*\*  
 None, N3

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 None, N3

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/04/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 9
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ADDRESS  
 29880  
 FOX ROTHSCHILD O'BRIEN & FRANKEL LLP  
 PRINCETON PIKE CORPORATE CENTER  
 997 LENOX DRIVE, BUILDING 3  
 LAWRENCEVILLE, NJ  
 08648

TITLE  
 PROCESS FOR ANTIMICROBIAL TREATMENT OF FRESH PRODUCE, PARTICULARLY MUSHROOMS

FILING FEE  RECEIVED 1467	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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